

PATENT

Attorney Docket No. YOR920030385US1 (8728-644)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Yuan-Chi Chang	Examiner: Harper, Leon Jonathan
Serial No:	10,689,091	Group Art Unit: 2166
Filed:	October 20, 2003	Docket: YOR920030385US1 (8728-644)
For:	METHOD, APPARATUS AND SERVICE FOR AUTONOMOUS PERSISTENT STORAGE SYSTEMS	

Mail Stop 16
Commissioner for Patents
PO Box 1450
Alexandria VA 22313-1450

REQUEST FOR REFUND

I. REFUND REQUEST

This is a request for a refund with respect to the charge to Deposit Account No. **50-0510/IBM** for the above-identified application.

II. FEES CHARGED FOR WHICH REFUND REQUESTED

	AMOUNT OF REFUND REQUESTED
<input type="checkbox"/> filing fee	\$ _____
<input type="checkbox"/> surcharge for filing the basic filing fee on a date later than the filing date of the application (37 C.F.R. §1.16(e))	_____
and/or	
<input type="checkbox"/> surcharge for filing the oath or declaration on a date later than the filing date of the application (37 C.F.R. §1.16(e))	_____
<input type="checkbox"/> extension of term	_____
<input type="checkbox"/> first month	_____
<input type="checkbox"/> second month	_____
<input type="checkbox"/> third month	_____
<input type="checkbox"/> fourth month	_____
<input type="checkbox"/> excess claims	\$ _____
<input type="checkbox"/> issue fee	_____
<input type="checkbox"/> petition fee	_____
<input type="checkbox"/> patent maintenance fee	_____
<input type="checkbox"/> first maintenance fee	_____
<input type="checkbox"/> second maintenance fee	_____
<input type="checkbox"/> third maintenance fee	_____
<input type="checkbox"/> patent maintenance fee surcharge	_____
<input checked="" type="checkbox"/> other: <u>Request for overpayment of independent claim</u>	\$ <u>220.00</u>

TOTAL REFUND REQUESTED	\$ <u>220.00</u>

III. EXPLANATION OF REQUEST

On June 11, 2009, applicant's representatives electronically filed an Amendment and Response to Office Action with the U.S. Patent and Trademark Office. Upon electronically filing the Amendment and Response to Office Action, a fee of \$220.00 was paid for an extra independent claim. Upon, further review, applicant determined that the payment for the extra independent claim was, in fact, paid in the Response dated March 26, 2007.

Applicant respectfully request that a refund of the overpayment in the amount for \$220.00 be granted.

IV. MANNER OF REFUND

Please make refund by

- ☒ crediting Deposit Account No. 50-0510/IBM
- ☐ refunding payment.

Respectfully requested,

F. CHAU & ASSOCIATES, LLC

Dated: June 18, 2009

By: /Nathaniel T. Wallace/
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